



FEDERAL BUREAU OF INVESTIGATION

Onboarding New Employees

Human Resources Forms Overview

Welcome to the FBI!

This tutorial is designed to assist you with the completion of your Payroll, Benefits, and Retirement forms. This tutorial will be discussing each set of forms in three separate segments.

Payroll:

The Payroll forms will be due upon your arrival at your Onboarding session.

Benefits:

Your Benefit forms are due within 60 days of your entry on duty (EOD), however, keep in mind that you will not have coverage under the Federal Employee Health Benefits Plan (FEHB) until you have submitted your election form(s).

If you are transferring to the FBI from another government agency, without a break in service, your benefits will remain intact. There will be no need for you to submit benefit election forms for health or life insurance. We recommend that you complete and submit your beneficiary forms as a safeguard, but that is strictly optional.

Retirement:

Your forms can be submitted at any time.

Please note: all of your forms need to be completed with your official bureau name. To find your official bureau name, please look at your appointment letter. Your name as it appears on the appointment letter is your "official bureau name."



Payroll

Payroll Forms

What you will need:


- Onboarding Forms Checklist
- Payroll Forms

Onboarding New Employees – For Official Use Only

Payroll Forms

Before we begin, please print the Onboarding Forms Checklist and the twelve Payroll Forms.

If you are ready – let's begin.



SF-1199A, Direct Deposit Sign-Up Form

Standard Form 1199A (ES)
(Rev. June 1997)
Prescribed by Treasury
Treasury Dept. Cir. 1076

DIRECT DEPOSIT SIGN-UP FORM

CMS No. 1010-0007

Section 3

You must have one of the following:

1. a voided check, or,
2. form signed by the bank, or,
3. a bank issued authorization.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A. NAME OF PAYEE (Last, first, middle initial)
[Redacted]

ADDRESS (street, route, P.O. Box, APO/FPO)
[Redacted]

CITY [Redacted] **STATE** [Redacted] **ZIP CODE** [Redacted]

TELEPHONE NUMBER
AREA CODE [Redacted] **NUMBER** [Redacted]

B. NAME OF PERSON(S) ENTITLED TO PAYMENT
[Redacted]

C. CLAIM ON PAYROLL ID NUMBER
SSN [Redacted]

D. TYPE OF DEPOSITOR ACCOUNT ☒ CHECKING ☐ SAVINGS

E. DEPOSITOR ACCOUNT NUMBER
[Redacted]

F. TYPE OF PAYMENT (Check only one)
☐ Social Security ☒ Fed. Salary/Mil. Civilian Pay
☐ Supplemental Security Income ☐ Mt. Active
☐ Railroad Retirement ☐ Mt. Retiree
☐ Civil Service Retirement (CSRS) ☐ Mt. Spouse
☐ VA Compensation or Pension ☐ Other _____ (specify)

G. THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)

TYPE	AMOUNT

PAYEE/Joint PAYEE CERTIFICATION
 I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE	DATE
[Redacted]	[Redacted]

JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)
 I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE	DATE
[Redacted]	[Redacted]

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
DEPOSITOR ACCOUNT TITLE		

FINANCIAL INSTITUTION CERTIFICATION
 I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 208, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

The direct deposit form allows the FBI to deposit your pay directly into the account you designate.

SF-1199A:

Section 1:

- A. Name & Address
- B. Leave Blank
- C. Please write your Social Security Number (SSN)
- D. Check the box for checking or savings
- E. Account number
- F. Check the box for "Fed. Salary/Mil. Civilian Pay"
- G. Complete this box if you want to do an allotment. If you want to split your pay into two separate accounts, called an allotment, you will need to complete a separate form for each account and label it as an allotment in section G.
- H. Sign & Date the form. If you are using a joint account, only one signature is required.

Section 2:


Leave Section 2 blank

Section 3:

In this section, you will need to provide one of the three options below:

1. Attach a voided check, or
2. Have the form completed and signed by your financial institution, or
3. Attach a direct deposit authorization from your bank's website

You are finished with the SF-1199A, please continue to the next slide.



AD-349 Employee Address Form


FORM AD-349 (REV. 12/93)		U.S. DEPARTMENT OF AGRICULTURE EMPLOYEE ADDRESS		AGENCY USE	
		ACTION CODE	AGENCY	EFFECTIVE DATE	
SECTION I Complete Section I with your current or new residence mailing address. This address is used to mail out employee Pay and TSP statements, W-2 forms and other personal documents. NOTE: This form does not change the U.S. Savings Bond address.					
1. NAME (Last, First, Middle)			2. SOCIAL SECURITY NO.		
3. STREET ADDRESS OR P.O. BOX			4. APT. NO.		
5. CITY NAME			6. STATE or COUNTRY NAME		
7. ZIP CODE			8. APT. NO.		
AGENCY USE	CITY CODE	COUNTY CODE	STATE OR COUNTRY CODE		
SECTION II FOR EMPLOYEES WITH DIRECT DEPOSIT COMPLETE BLOCKS 13 AND 14 ONLY. Employees who wish to receive their checks in the mail complete blocks 8 through 14 with your current or new check mailing address.					
8. STREET ADDRESS or P.O. BOX			9. APT. NO.		
10. CITY NAME			11. STATE or COUNTRY NAME		
12. ZIP CODE			13. APT. NO.		
AGENCY USE	CITY CODE	COUNTY CODE	STATE OR COUNTRY CODE		
13. SIGNATURE OF EMPLOYEE			14. DATE SIGNED		

Please use your permanent address.

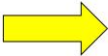
Onboarding New Employees – For Official Use Only

The address form needs to be completed with your permanent address and should match the state in which you plan to claim state income taxes.

If you are in transition (relocating or attending a training program for an extended period of time) we recommend that you use your previous address and update it when you reach your final destination or duty station.



Federal Tax Form – Form W-4



Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial circumstances change.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and sign the certificate at the bottom of the form. Your exemption for 2013 applies for 2014. See Pub. 505, tax withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$500 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependents or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonresident alien. If you are a nonresident alien, see Notice 1433, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 is taken into account, see Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$100,000 (single) or \$160,000 (married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after its release) will be posted at www.irs.gov/efile.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependents or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonresident alien. If you are a nonresident alien, see Notice 1433, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 is taken into account, see Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$100,000 (single) or \$160,000 (married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after its release) will be posted at www.irs.gov/efile.

Personal Allowances Worksheet (Keep for your records)

A Enter "1" for yourself if no one else can claim you as a dependent. **A**

B Enter "1" if:

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages for the total of both are \$1,500 or less.

B

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C**

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. **D**

E Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above). **E**

F Enter "1" if you have at least \$1,000 of child or dependent care expenses for which you plan to claim a credit. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) **F**

G Child Tax Credit (including additional child tax credit). See Pub. 507, Child Tax Credit, for more information.

- If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.
- If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child.

G

H Add lines A through G and enter total here. **Note.** This may be different from the number of exemptions you claim on your tax return. **H**

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earner/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

W-4 Employee's Withholding Allowance Certificate

Form: Department of the Treasury, Internal Revenue Service

1 Your first name and middle initial **2** Your social security number

Home address (number and street or rural route) **3** Single ☐ Married ☐ Married, but without a higher single rate.

City or town, state, and ZIP code **4** If your last name differs from that shown on your social security card, check here. You must call 1-800-772-2013 for a new card.

5 Total number of allowances you are claiming from line H above or from the applicable worksheet on page 2. **6** \$ **7** \$

6 Additional amount, if any, you want withheld from each paycheck. **7** \$

7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption:

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability; and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here. **8** \$ **9** \$

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.


Employee's signature (This form is not valid unless you sign it.) **10** Date

8 Employer's name and address (Employer completes lines 8 and 10 only if sending to the IRS) **9** Employer's identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 102090 Form W-4 (2013)


The Federal Tax Form (W-4) needs to contain the number of exemptions you expect to claim. Please read the instructions provided on the W-4 form for completion. If you are unsure how many exceptions you should claim please visit www.irs.gov

Don't forget to complete section 3 and sign above line 8.



State Tax Form – MW507, VA-4, D-4

Form MW 507
Employee's Maryland Withholding Exemption Certificate



Department of Justice
Bureau of Prisons

D-4 Employee Withholding Allowance Certificate

Year _____

Section 1: Employee Information

First Name _____ Last Name _____

Home Address (street and street number) _____ Apartment Number _____

City _____ State _____ Zip Code _____

1. Tax filing status: ☐ Single ☐ Married (Married spouses or common-law partners filing separately) ☐ Married (Married spouses or common-law partners filing jointly) ☐ Head of household ☐ Married (Married spouses or common-law partners filing separately on some income)

2. Total number of withholding allowances from worksheet below _____

3. Additional amount, if any, you want withheld from each paycheck _____

4. If you are claiming exemption from withholding, read below and write "EXEMPT" in this box.

I am exempt because last year I did not see any DC income tax and had a right to a full refund of all DC income tax withheld from me, and this year I do not expect to see any DC income tax and expect a full refund of all DC income tax withheld from me, and I qualify for exempt status on Federal Form 944.

If claiming withholding exemption, are you a full-time student? Yes ☐ No ☐

Signature: _____ Date: _____

Employer's signature: _____ Date: _____

Employer: _____

Section 2: Number of withholding allowances

a. Enter 1 if you are single _____

b. Enter 2 if you are married or a head of household and _____

c. Enter 3 if you are married or a head of household and _____

d. Enter 4 if you are married _____

e. Enter number of dependents _____

f. Enter 5 for your spouse/partner filing jointly _____

g. Enter 6 if married/partner filing jointly and your spouse/partner is 65 or over and _____

h. Enter 7 if married/partner filing jointly and your spouse/partner is blind _____

i. Number of allowances. Add lines a through h and enter on line 2 of the certificate. If you want to claim additional withholding allowances, complete section 3 below.

Section 3: Additional withholding allowances

j. Enter estimate of your personal deductions _____

k. Enter \$2,000 if married/partner filing separately, all others enter \$4,000 _____

l. Subtract k from j _____

m. Multiply \$2,000 by the number of allowances in line i _____

n. Subtract l from m. Round to the nearest whole number _____

o. Add line n and enter on line 2 above _____

Section 4: Exemption Information

1. Total number of exemptions you are claiming not to exceed those in Worksheet below _____

2. Additional exemption per pay period under agreement with employer _____

3. I claim exemption from withholding because I do not expect to see Maryland tax. See instructions below and check boxes that apply.

☐ a. Last year I did not see any Maryland income tax and had a right to a full refund of all income tax withheld.

☐ b. This year I do not expect to see any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and casual employees whose annual income will be below the minimum filing requirement.)

If both a and b apply enter your applicable _____ (your effective) Enter "EXEMPT" here _____

4. I claim exemption from withholding because I am entitled to one of the following status. Check boxes that apply.

☐ Student of Columbia ☐ Maryland ☐ Virginia ☐ Maryland

Enter "EXEMPT" here _____

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or line 4, whichever applies.

Employer's signature: _____ Date: _____

Employer's name and address (including zip code) (For employer use only) _____ Federal employer identification number _____

Worksheet and Instructions

Enter on line 1 above, the number of personal exemptions that you will be claiming on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000, you must complete the worksheet below. If you are filing jointly or married filing separately \$100,000, if you are filing jointly or as head of household.

Line 1

a. Multiply the number of your personal exemptions by the value of each exemption from the table on page 2. (Consulting the value of your exemptions will be \$2,000. If your income is adjusted gross income, it is expected to be over \$100,000, the value of your exemption may be reduced.) Do not claim any personal exemptions that you are currently receiving of another job, or any exemptions being claimed by your spouse. To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year. NOTE: Dependent spouses may not claim themselves as an exemption.

b. _____

c. _____

d. Enter the adjusted amount of your federal deduction (including state and local income taxes) that exceeds the amount of your federal deduction (including state and local income taxes), qualified retirement contributions, business losses and unpaid business expenses for the year. Do not enter any additional amounts you are currently claiming at another job or any amounts being claimed by your spouse. NOTE: Federal deduction amounts in 1994 of Maryland adjusted gross income with a minimum of \$1,000 and a maximum of \$2,000.


e. _____

D-4 (PS)

Employee Withholding Allowance Certificate

Revised 1/97

The payroll office requires that you complete your state specific tax form. You can visit <http://www.statew4.com/> to retrieve the most current state specific tax form. Again, the address on the AD-349 and the State tax form must coincide.



FD-291

FBI Employment Agreement

FD-291 (Rev. 7-26-67)

FBI EMPLOYMENT AGREEMENT

As consideration for my employment, or my continued employment, by the Federal Bureau of Investigation (FBI), United States Department of Justice, I hereby agree to be governed by and to comply with the following provisions:

(1) Unauthorized disclosure, misuse, or negligent handling of information contained in the files of the FBI or which I may acquire as an employee of the FBI could impair national security, place human life in jeopardy, result in the denial of due process, prevent the FBI from effectively discharging its responsibilities, or violate federal law. I understand that by being granted access to such information, I am accepting a position of special trust and am obligated to protect such information from unauthorized disclosure.

(2) All information acquired by me in connection with my official duties with the FBI and all official material to which I have access remain the property of the United States of America. I will surrender upon demand by the FBI, or upon my separation from the FBI, all materials containing FBI information in my possession.

(3) I will not reveal, by any means, any information or material from or related to FBI files or any other information acquired by virtue of my official employment to any unauthorized recipient without official written authorization by the FBI.

(4) Prior to any disclosure, I will seek a determination whether the information may be disclosed. I agree to be bound by the guidelines governing prepublication review found in the FBI Manual of Administrative Operations and Procedures (MAOP) as those procedures may from time to time be amended. I understand that, in this context, "publication" includes disclosure of information to anyone by any means. I will submit for review the full text of any proposed disclosure addressed by the MAOP or this employment agreement as required by the MAOP at least thirty (30) working days prior to the proposed publication.

(5) I understand that these restrictions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by Executive Order No. 12958, Section 7211 of Title 5, U.S.C. (governing disclosures to Congress); Section 1034 of Title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); section 2302(b)(3) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the FBI Whistleblower Protection Act (5 U.S.C. 2302, 28 C.F.R. Part 27) (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that could expose confidential government agents); and the statutes which protect against disclosure that may compromise the national security, including Sections 641, 793, 794, 798, and 952 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. 783(b)). The definitions, requirements, obligations, rights, sanctions, and liabilities created by said Executive Order and listed statutes are incorporated into this agreement and are controlling. I further understand, however, that any such information that is disclosed pursuant to applicable federal law continues to be subject to this agreement for all other purposes, and disclosure to the appropriate entities provided by federal law does not constitute public disclosure or declassification, if applicable, of such information.

(6) Violations of this employment agreement may constitute cause for revocation of my security clearance, subject me to criminal sanction, disciplinary action by the FBI, including dismissal, and subject me to personal liability in a civil action at law, including but not limited to injunctive relief, the imposition of a constructive trust, and the disgorging of any profits arising from any unauthorized publication or disclosure. In that regard, I hereby irrevocably assign all rights, title, and interests in any such profits to the United States.

(7) I have read this agreement carefully. Each of the numbered paragraphs of this agreement is severable and if a court should find any of these paragraphs to be unenforceable, I agree that the remaining provisions will continue in full force.

(8) I have read and understand the MAOP prepublication guidelines that are attached.

(9) I accept the above provisions as conditions of my employment or continued employment by the FBI. I agree to comply with these provisions both during my employment in the FBI and following termination of such employment.

(Printed Name)

(Signature) (SEAL)

Witnessed and accepted on behalf of the Director, FBI, on _____ by _____


(Date) (Signature)

Enclosure 67-_____

Onboarding New Employees – For Official Use Only


The FBI Employment Agreement outlines the rules and expectations of you as an FBI employee. Please read this agreement, keep a copy for reference, and bring with you the signature page completed with your official bureau name. Again, your “Official Bureau Name” is your name as it appears on your appointment letter.

Please do not sign the FBI Employment Agreement prior to your arrival. Your signature will be witnessed by an FBI employee when you submit the form at your onboarding seminar.



SF-256, Self-Identification of Disability

Use Code 05
for NO
DISABILITY



SELF-IDENTIFICATION OF DISABILITY
(see instructions and Privacy Act information on reverse)

Last Name, First Name, and MI <div style="background-color: yellow; height: 15px; width: 100%;"></div>	Date of Birth (mm/yy) <div style="background-color: yellow; height: 15px; width: 100%;"></div>	Social Security Number <div style="background-color: yellow; height: 15px; width: 100%;"></div>	ENTER CODE HERE <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: center; vertical-align: middle;"> <div style="background-color: yellow; width: 10px; height: 10px; margin: 0 auto;"></div> </div>
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Definition:
An individual with a disability: A person who (1) has a physical impairment or mental impairment (psychiatric disability) that substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, 29 U.S.C. 701 et. seq., as amended.

Purpose:
Self-identification of disability status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

<p>Part I. Targeted/Severe Disabilities</p> <p>Hearing 18 - Total deafness in both ears (with or without understandable speech)</p> <p>Vision 21 - Blind (inability to read ordinary size print, not correctable by glasses, or no usable vision, beyond light perception)</p> <p>Missing Extremities 30 - Missing extremities (missing one arm or leg, both hands or arms, both feet or legs, one hand or arm and one foot or leg, one hand or arm and both feet or legs, both hands or arms and one foot or leg, or both hands or arms and both feet or legs)</p> <p>Partial Paralysis 69 - Partial paralysis (because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including both hands, any part of both arms or legs, one side of the body, including one arm and one leg, and/or three or more major body parts)</p> <p>Complete Paralysis 79 - Because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including both hands, one or both arms or legs, the lower half of the body, one side of the body, including one arm and one leg, and/or three or more major body parts</p> <p>Other Impairments 82 - Epilepsy 90 - Severe intellectual disability 91 - Psychiatric disability 92 - Dwarfism</p>	<p>Part II. Other Disabilities</p> <p>Hearing Conditions 15 - Hearing impairment/hard of hearing</p> <p>Vision Conditions 22 - Visual impairments (e.g., tunnel or monocular vision or blind in one eye)</p> <p>Physical Conditions 26 - Missing extremities (one hand or one foot) 40 - Mobility impairment (e.g., cerebral palsy, multiple sclerosis, muscular dystrophy, congenital hip defects, etc.) 41 - Spinal abnormalities (e.g., spine bifida, scoliosis) 44 - Non-paralytic orthopedic impairments, chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body 51 - HIV Positive/AIDS 52 - Morbid obesity 61 - Partial paralysis of one hand, arm, foot, leg, or any part thereof 70 - Complete paralysis of one hand 80 - Cardiovascular/heart disease with or without restriction or limitation on activity, a history of heart problems/won't complete recovery 83 - Blood diseases (e.g., sickle cell anemia, hemophilia) 84 - Diabetes 86 - Pulmonary or respiratory conditions (e.g., tuberculosis, asthma, emphysema, etc.) 87 - Kidney dysfunction (e.g., required dialysis) 88 - Cancer (present or past history) 93 - Disfigurement of face, hands, or feet (such as those caused by burns or gunshot wounds) and noticeable gross facial blemishes 95 - Gastrointestinal disorders (e.g., Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphagia, etc.) 98 - History of alcoholism</p> <p>Speech/Language/Learning Conditions 13 - Speech impairment - includes impairments of articulation (unclear language sounds), fluency (stuttering), voice (with normal hearing), dysphasia, or history of laryngectomy 94 - Learning disability - a disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts (spoken or written) (e.g., dyslexia, ADD/ADHD)</p> <p>Other Options 01 - I do not wish to identify my disability status. (Please read the notes on the next page.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.) 05 - I do not have a disability. 06 - I have a disability, but it is not listed on this form.</p>
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U.S. Office of Personnel Management
Page 1 of 2

SF 256
 Revised July 2010
 Previous editions not usable



Onboarding New Employees - For Official Use Only

The SF-256, Self Identification of Disability form, needs to be completed with any applicable disability .

If you do not have a disability, enter the code 05.



SF-181, Ethnicity and Race Identification

U.S. Office of Personnel Management Guide to Personnel Data Standards		ETHNICITY AND RACE IDENTIFICATION (Please read the Privacy Act Statement and instructions before completing form.)	
Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)	
Agency Use Only			
Privacy Act Statement Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation. This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies. Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.			
Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.			
Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.			
RACIAL CATEGORY (Check as many as apply)		DEFINITION OF CATEGORY	
<input type="checkbox"/> American Indian or Alaska Native		A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
<input type="checkbox"/> Asian		A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
<input type="checkbox"/> Black or African American		A person having origins in any of the black racial groups of Africa.	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<input type="checkbox"/> White		A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	

Standard Form 181
 Revised August 2005
 Previous editions not usable
 42 U.S.C. Section 2000e-16
 NSN 7540-01-999-3446

Onboarding New Employees – For Official Use Only

Both questions on the SF-181, Ethnicity and Race Identification Form, must be completed.

More than one option can be chosen for Question #2.

**SF-144,
Statement of
Prior Federal
Service**

**Mandatory Form for all new
employees- please read
directions**

Standard Form 144 (Rev. 10/95) Page 2
Office of Personnel Management
The Guide to Processing Personnel Actions

STATEMENT OF PRIOR FEDERAL SERVICE
To be Completed by Employee

1. Name (Last, First, Middle Initial) _____ 2. Social Security Number _____ 3. Date of Birth (Month, Day, Year) _____

4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of government and work schedule for civilian service?
☐ Yes -- If "Yes", check this box and skip to item 6. ☐ No -- If "No", check this box and complete items 5 - 8.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or intermittent)
	Year	Month	Day	Year	Month	Day	
If no prior federal service – indicate with N/A							

6. During periods of employment shown in item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?
☐ Yes -- If "Yes", list the following information. ☐ No -- If "No", go to item 7.

TYPE OF ABSENCE, IF KNOWN (Sick Leave, Furlough, Suspension, ANOL, or Placement on Temporary Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS
If no prior federal service – indicate with N/A									

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Promotable or Dispromotable)
	Year	Month	Day	Year	Month	Day	
If no prior federal service – indicate with N/A							

8. Do you claim any type of veterans' preference which has not been verified?
☐ No ☐ Yes -- Check one of the statements, if it applies to you. I claim preference as the ☐ Spouse of a disabled veteran. ☐ Mother of a deceased or disabled veteran. ☐ Unmarried widow/widower of a veteran.

9. CERTIFICATION: The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire report of Federal employment. I have no other Federal service for which I want to claim credit.

Signature _____ Date _____

NEN 7540-05-634-4101 Previous Edition Obsolete 144-116 10/95 Government Printing Office: 1996 444-322/97

Onboarding New Employees – For Official Use Only

Every new FBI employee needs to complete the SF-144. The SF-144 form assists the FBI in giving you credit for any prior federal or military time as long as you are not retired military.

Are you a new FBI employee and 1). You have no prior federal service and 2). Have no prior military service? Yes or No

If no, please mark 'N/A' anywhere on the form, sign and date. You can move on to the next form.

If yes, you are a new FBI employee with prior federal and/or military service, please read the following directions:

Question #4 asks whether or not you supplied this information in the resume you submitted for this position. Please check the correct answer. If you checked "yes" the directions on the form say to proceed to section 8. Please ignore that direction. Regardless of your answer in question #4, you will need to complete this entire form if you have prior federal and/or military service. Some federal agency's do not require that you complete this form, however, the FBI does require its completion.

Indicate your prior federal service in section 5 and attach an SF-50.

Indicate your prior military time in section 7 and attach the member 4 copy of your DD-214.



Prior Federal or Military Service

Providing the following documents will help expedite the verification of your prior federal/military service



- **DD214 (Member Copy - # 4)**
- **Leave & Earnings Statement**
- **SF-50**
- **SF-75**

Onboarding New Employees – For Official Use Only

If you are a new FBI employee and 1). You have no prior federal service and 2). Have no prior military service, you can move on to the next form.

If you are a new FBI employee with prior federal and/or military service (but not retired military), please read the following information:

You will need the document(s) listed on this power point slide to expedite the verification of your prior federal and/or military service. Please bring the documents that pertain to your situation with you to the onboarding seminar. The FBI wants to give you credit for your prior federal and/or military time as it pertains to your leave accruals. The listed documentation assists with the validation process.

Previous Agency Contact Information

PREVIOUS AGENCY INFORMATION

The information provided will be used to contact your previous government agency. By providing this contact information, it will expedite the process of transferring leave balances and verifying all previous government and military service.

Name: _____

SSN: _____

Previous Agency: _____

Agency Address: _____

Human Resources (HR) Contact: _____

Phone Number: () _____

Fax Number () _____

Non-HR Contact: _____

Phone Number: () _____

Payroll/Personnel Actions Processing Unit (PPAPU)
Human Resources Division, Room 10997
935 Pennsylvania Avenue, NW
Washington, DC 20535


Individually and together we must yield only the finest, our signature is the assurance of quality

Onboarding New Employees – For Official Use Only

Are you a new FBI employee with no prior federal government service? Yes or No

If yes (you have no prior federal government service) please write your name and SSN on the first two lines. Then mark “N/A” anywhere on the form. You are finished with this form. You can move on to the next form. Note: If you were an FBI intern who was **unpaid**, mark “N/A”.

If no (you are a new FBI employee with prior federal government service) please complete this form. This information is used to contact your previous agency to obtain your Official Personnel Folder (OPF). Note: If you were an FBI intern who was paid, complete this form.



FD-173 Information Concerning Last Federal Employment

FD-173 (Rev. 8-18-81)

INFORMATION CONCERNING LAST FEDERAL EMPLOYMENT
(OTHER THAN NAVAL OR MILITARY)

(This form should be executed by an employee having prior service in the Federal Government or the Government of the District of Columbia)

Your Title	Current Date
Agency to which last Employment & Complete Mailing Address	Date Appointed
	Date Separated

What deductions taken from your salary for ☐ Retirement ☐ Social Security? (Check one)

STATEMENT CONCERNING ENROLLMENT UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

If you returned on duty to the Bureau from your previous employment, without a break in service of more than 1 calendar day your enrollment (whether you enrolled in a plan or elected not to enroll) under the Federal Employees Health Benefits Program must continue.

☐ I hereby certify that I was enrolled in the _____ Health Plan _____, Option _____, Enrollment Code _____, at the other government agency. My copy of SF-2016, "Notice of Change in Health Enrollment" received by the other government agency ☐ is ☐ is not attached.

☐ I elected not to enroll in a health benefits plan at the other government agency.

☐ I was not eligible to enroll in a health benefits plan at the other government agency in that a temporary appointment limited to a year or less.

STATEMENT OF ELIGIBILITY FOR FEDERAL EMPLOYEES GROUP LIFE INSURANCE

1. If your last period of Federal employment ended AFTER April 1, 1981, your Official Personnel Folder, which Bureau will accept from the other agency, should contain a "Life Insurance Election Form" (SF-2817). Your enrollment status in your FBI employment will be in accordance with this previous election or declaration of coverage. Therefore, check the following block(s) applicable to you only if your previous employment ended after April 1, 1981.

☐ I hereby certify that I have the following coverage under the Federal Employees' Group Life Insurance Program in connection with my former employment:

☐ Basic Life Only

☐ Basic Life Plus Following Option(s):

☐ Option A - extended

☐ Option B - Additional

☐ Number of Multiples _____

☐ Option C - Family

☐ I hereby certify that I waived coverage under the Federal Employees' Group Life Insurance Program in connection with my former employment.

☐ I hereby certify that one year has elapsed since the date of waiver and I now desire life insurance coverage. I am under 50 years of age and underwent a physical examination must be taken at my personal expense. (If this block is executed you will be furnished an SF 2812, "Request for Insurance" upon receipt of your Official Personnel Folder from your last employing agency and notification of your eligibility to have insurance coverage.)

2. If your last period of Federal Employment ended BEFORE April 1, 1981, you will not have a Life Insurance Election Form (SF 2817) on file and you are not required to submit one.

3. If you are insured and now desire to change or cancel any of your insurance coverages, you are required to complete an SF 2817 and sign under the appropriate block for the coverage(s) you wish to retain.

4. If you are currently enrolled under the Basic Life Insurance and 60 days have not elapsed since your marriage or acquisition of a child, you are eligible to apply for the Option C - Family coverage.

5. After your marriage or acquisition of a child. If you are enrolled in Basic Life and Option B - Additional for less than 5 multiples, are under age 50 and 60 days have not elapsed since your marriage or acquisition of a child, you may increase the multiples to one for each adult family member.

6. After your marriage or acquisition of a child. If you are enrolled for Basic Life only under age 50 and 60 days have not elapsed since your marriage or acquisition of a child, you may enroll under Option - Additional.

(See reverse side)

Official Bureau Signature

Onboarding New Employees - For Official Use Only


The FD-173 only pertains to those employees who are transferring to the FBI from another government agency without a break in service. This form assists the Benefits Unit with the transfer of your current health and life insurance elections.

Are you a new FBI employee who is transferring from another federal government agency with no break in service? No or Yes

If no, please write 'N/A' in the box that says, "Agency by which last Employed" and sign the form. You are finished with the FD-173, please proceed to the next form.

If yes, please complete the FD-173 with the enrollment code and health insurance plan you are bringing with you from your previous agency. Also, please attach a Leave and Earnings Statement to document the coding.

The same applies for the FEGLI program. Please indicate which coverage you are bringing with you.



FD-942, Statement of Military Reserve Obligation (page 1)

Mandatory Form for all new
employees- please read
directions.

Already onboard FBI employees
going into the New Agent
Position must fill this out

FD-942 (Rev. 4-25-06)

STATEMENT OF MILITARY RESERVE OBLIGATIONS/CATEGORY

The FBI requires certain information on the Reserve obligations and affiliations of its employees and applicants for employment, to ensure that all Bureau employees are treated consistently with applicable Federal statutes and regulations with regard to Military Reserve membership and activities. The information you provide will be made a part of your official personnel records, and form the basis for actions appropriate to your Reserve status.

INSTRUCTIONS: 67.

APPLICANTS: Please provide requested information below. If you have prior active duty military service, attach a copy of the "Members 4" copy of your Form DD-214 Report of Separation from Active Duty, and return the form to your Applicant Coordinator/Recruiter. If you are applying for a Special Agent position, you must also read and sign the statement on page 2 of this form.

CURRENT BUREAU EMPLOYEES: Please provide requested information below. If you are a current Special Agent, you must also read and sign the statement on page 2. Support employees must provide the information, and sign and date the bottom of this page. All employees returning from active duty must ensure this form is updated and attach an updated copy of their DD-214 record to this form. Return completed form to the Administrative Services Division, Human Resources Management Section, Pay Administration and Personnel Actions Unit, Room PA 510.

PRINT FULL NAME/BUREAU NAME: _____ Date: _____

SOCIAL SECURITY NUMBER: _____ (CHECK ONE)

OFFICE OF ASSIGNMENT (if current employee): _____ ☐ Applicant for Special Agent
☐ Applicant for Support Position
☐ Current Special Agent
☐ Current Support Employee

CHECK APPROPRIATE BLOCK BELOW FOR UNIFORMED STATUS:

<input type="checkbox"/> 0 None	<input type="checkbox"/> 5 Retired Military - Non Regular** retirement date _____
<input type="checkbox"/> 1 Ready Reserve	<input type="checkbox"/> 6 Retired Military - Regular and Reserve/National Guard
<input type="checkbox"/> 2 Standby Reserve	<input type="checkbox"/> 7 Retired Military - Non Regular and Reserve/National Guard
<input type="checkbox"/> 3 National Guard	<input type="checkbox"/> 8 Retired Military and D.C. National Guard
<input type="checkbox"/> 4 Retired Military - Regular** retirement date _____	<input type="checkbox"/> 9 D.C. National Guard

** A date must be entered in the Date Retired Military Field (NRC) when uniform status is 4 or 5. (An employee wanting to use code TC05 (Regular Military Leave) or TC08 (Emergency Military Leave) on their TRA will need the appropriate "uniform service status" code input into the system on the Personnel Rule.)

☐ I am not presently a member of the Reserves (in any status) or National Guard.

☐ I am presently serving on Active Duty in the Armed Forces and will have a Reserve obligation upon my release from Active Duty:
Rank/Pay Grade/Uniformed Service Military Department in which presently serving _____
(Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service)

☐ I am presently serving on Active Duty in the Armed Forces and will NOT have a Reserve obligation upon my release from Active Duty:
Rank/Pay Grade/Uniformed Service Military Department in which presently serving _____
(Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service)

☐ I am presently in the Ready Reserve (includes Selected Reserve) and affiliated with the following Military Reserve or National Guard unit:
Rank/Pay Grade/Full Unit Designation _____
(e.g., "U. S. Army Reserve, 44th Military Police Company," "Virginia Air National Guard, 192d Mission Support Fleet," etc.)
Continuing Officer _____
Unit Contact Telephone Number _____

☐ I am presently a member of the Individual Ready Reserve (IRR) and am NOT affiliated with a Reserve or National Guard Unit.
Rank/Pay Grade/Uniformed Service Military Department _____
(e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Inactive National Guard, Public Health Service)

☐ I am presently assigned to the Standby Reserve (includes Active and Inactive Status).
Rank/Pay Grade/Uniformed Service Military Department of your Reserve Unit _____
(e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service)

☐ I am presently assigned to the Retired Reserve.
Rank/Pay Grade/Uniformed Service Military Department of your Reserve Unit _____
(e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service)

(SIGNATURE OF SUPPORT EMPLOYEE) _____ (DATE SIGNED) _____

Onboarding New Employees - For Official Use Only

The FD-942 needs to be completed by every new FBI employee. The purpose of the FD-942 is to ensure that all employees are coded correctly in the personnel database in the event that employees are called for active or reserve duty. The FD-942 is completed differently depending upon the job that you were hired for in the FBI (Professional Staff or New Special Agent Trainee). Please pay attention to the following directions to ensure accurate completion of the FD-942.

If you are Professional Staff (everyone other than New Special Agent Trainees):

1. Please complete Bureau Name, Date, SSN, and Office of Assignment (where you will be working).
2. Mark "Current Professional Staff Employee"
3. Check Appropriate Block for Uniformed Status. Check box 0 if you do not have a military obligation.
4. If you are not presently a member of the Reserves or National Guard, you must also check the box indicating such (grouped after the appropriate uniformed status boxes).
5. If you do have a military obligation, please read all of the options and mark the appropriate block.
6. Sign and date the bottom of Page 1.
7. Ignore page 2 entirely.
8. You are finished and can move on to the next form.

If you are a New Special Agent Trainee:

1. Please complete Bureau Name, Date, and SSN.
2. Under Office of Assignment, please write your NAC Class number. This is usually written as NAC 14-XX. If you do not yet know your NAC class number, you can add this info upon arrival at your onboarding.
3. You will mark "Current Special Agent" to the right of the office of assignment.
4. Check Appropriate Block for Uniformed Status. Check box 0 if you do not have a military obligation.
5. If you are not presently a member of the Reserves or National Guard, you must also check the box indicating such (grouped after the appropriate uniformed status boxes).
6. If you do have a military obligation, please read all of the options and mark the appropriate block.
7. New Special Agent Trainees do not sign and date Page 1.
8. On Page 2, only sign and date at the first available signature line, above "SIGNATURE OF SPECIAL AGENT".
9. You have completed the FD-942 and can move on to the next form.



FD-942
Statement of
Military Reserve
Obligation (page 2)

AGENTS ONLY
SIGN HERE



FOR USE BY SPECIAL AGENTS AND APPLICANTS FOR SPECIAL AGENT POSITIONS ONLY

Please read and sign the appropriate statement below.

**As Special Agent of the Federal Bureau of Investigation (FBI), or an applicant for the position of Special Agent with the FBI, I certify by my dated signature below that I have read, understood, and will accept and abide by the following requirements with regard to Military Reserve Obligations as a condition of my employment or selection for employment as a Special Agent.*

CURRENT SPECIAL AGENTS ONLY:

1. During my employment as a Special Agent, I may not join or otherwise maintain affiliation with a Reserve component in any category that would result in an obligation to accept call or recall to active duty during a period of military mobilization, or any National Guard component.
2. If, as a Special Agent of the FBI, I am a member of the Ready Reserves in any category, or of the National Guard, either voluntarily or through administrative entry, I must accept transfer to the Standby Reserve, or separate from the Reserves or National Guard as appropriate, as soon as possible after identification of my affiliation, or, if transfer cannot be immediately effected due to a period of military mobilization, immediately upon resumption of Reserve screening activities by the Military Services.
3. As a Special Agent of the FBI, if I am a member of the Standby Reserve, I am not permitted to volunteer for Active or Inactive Duty Training with a Reserve or National Guard unit without the approval of my Special Agent in Charge or division head under specific FBI policy that permits such participation.
4. I accept these conditions fully and without reservation. I understand that failure to accept these requirements may be grounds for removal from the position of Special Agent of the FBI, and if selected, may be grounds for removal from the Special Agent position if I refuse to abide by them.

SIGNATURE OF SPECIAL AGENT

DATE SIGNED

APPLICANTS FOR SPECIAL AGENT POSITIONS ONLY:


1. Except during periods of military mobilization (see following paragraph), if I am a member of a Ready Reserve or National Guard component upon my entry on duty, as a condition of my employment, I must accept immediate transfer to the Standby Reserve, or must separate from the Reserves or National Guard with no further recall obligation, and remain in such status while employed as a Special Agent of the FBI.
2. If I am appointed to a Special Agent position during a period of military mobilization which precludes any transfer to the Standby Reserve or separation from the Reserves or National Guard as required in paragraph (1) above, I understand that I am committed to accept such transfer or separation as a condition of my employment as a Special Agent immediately upon resumption of Reserve screening activities by the Department of Defense. I further understand that during the period of mobilization, my Reserve category, status and recall obligations remain unchanged, and that I am expected to report for active duty if so ordered in accordance with my Reserve obligations.
3. During a period of mobilization, if I have a Reserve obligation upon entry on duty as a Special Agent but am not affiliated with a Reserve or National Guard unit, I understand that I may not affiliate with such a Unit during my employment as a Special Agent, but that I will remain subject to recall to active duty during a period of military mobilization as appropriate for my Reserve category.
4. As a Special Agent of the FBI, if I am a member of the Standby Reserve, I am not permitted to volunteer for Active or Inactive Duty Training with a Reserve or National Guard unit without approval of my Special Agent in Charge or division head under specific FBI policy that permits such participation.
5. I accept these conditions fully and without reservation. I understand that failure to accept these requirements will disqualify me from consideration for a Special Agent position, and if selected, may be grounds for removal from the Special Agent position if I refuse to abide by them.

SIGNATURE OF SPECIAL AGENT APPLICANT

DATE SIGNED

Onboarding New Employees – For Official Use Only


Again, New Special Agent Trainees – you will sign and date the first available signature line above, “SIGNATURE OF SPECIAL AGENT”.



I-9 Employment Eligibility Verification

Page 1

USCIS
Form I-9
OMB No. 1545-0047
Revised 03/23/2018



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1545-0047
Revised 03/23/2018

START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work authorized individuals. Employers CANNOT specify which documents they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employee must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Email Address		Telephone Number		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number) _____
- ☐ An alien authorized to work until expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: _____ Date (mm/dd/yyyy): _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: _____ Date (mm/dd/yyyy): _____

Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code


Employer Completes Next Page

Form I-9 03/08/12 31 Page 1 of 9

Onboarding New Employees – For Official Use Only


The I-9 helps us to confirm your eligibility to work in the United States.

You will complete section 1 and sign.



I-9 Employment Eligibility Verification

Page 2



Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 2 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

List A Identify and Employment Authorization	OR List B Identify	AND List C Employment Authorization
Document Title:	Document Title:	Document Title:
Issuing Authority:	Issuing Authority:	Issuing Authority:
Document Number:	Document Number:	Document Number:
Expiration Date (if any) (mm/dd/yyyy):	Expiration Date (if any) (mm/dd/yyyy):	Expiration Date (if any) (mm/dd/yyyy):
Document Title:	<div style="border: 1px solid black; padding: 10px; width: 100%;"> 3-D Barcode Do Not Write in This Space </div>	
Issuing Authority:		
Document Number:		
Expiration Date (if any) (mm/dd/yyyy):		
Document Title:		
Issuing Authority:		
Document Number:		
Expiration Date (if any) (mm/dd/yyyy):		

Certification
I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy):	Title of Employer or Authorized Representative
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)		City or Town	State Zip Code

Section 3. Reverification and Rehire (To be completed and signed by employer or authorized representative.)

A. New Hire (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial (if applicable) (mm/dd/yyyy)

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below:

Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
-----------------	------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

Form I-9 03-10-13 11 Page 2 of 2

Section 2 needs to be completed with either your passport information OR information from a photo ID AND birth certificate or social security card. The next slide has a list of appropriate forms of identification.

Certification will be validated and signed by one of our staff. Ensure that the identifying information you use in section 2 is brought with you to your ONE seminar. FBI staff will need to look at it to certify and validate your I-9.



I-9 Employment Eligibility Cont'd

Acceptable Forms of Identification:

All documents must be unexpired

- **List A: If you choose List A – you only need the one document**
 - **Valid U.S. Passport**
 - **(Cannot be expired)**
- **List B: If you choose List B you must also have an item from List C**
 - **Driver's License**
 - **Military ID Card**
 - **School ID Card**
- **List C:**
 - **Social Security Card**
 - **Birth Certificate**

Onboarding New Employees – For Official Use Only

Again,

Complete section 2 of the I-9 with either your passport information OR something from list B AND something from list C. The list above is not exhaustive of the forms of identification allowed. For more options, please see page 9 of the I-9 instructions for full list.

If you have questions about completing this form, please reach out to the HR Call Center for assistance 202-324-3333.



Payroll

You have completed all required payroll forms

**Please continue to the
Benefits Forms
segment**

Onboarding New Employees – For Official Use Only

Congratulations. This completes the payroll segment. Remember, you will need to bring these documents along with your indentifying information (passport, drivers license, social security card, voided check, SF-50, DD214, etc) with you to your onboarding session. Staff from the FBI will be collecting these forms on the day of your arrival at your onboarding.

Now, let's move on to the benefits paperwork. Remember, you have 60 days from your Entry on Duty (EOD) to submit your benefits paperwork. Working for the federal government offers many wonderful benefits to include health insurance and life insurance options. Take your time, do your research, and make the right choice for you.



Benefits and Life Insurance

What you will need:

- Onboarding Forms Checklist
- Benefit and Life Insurance Forms

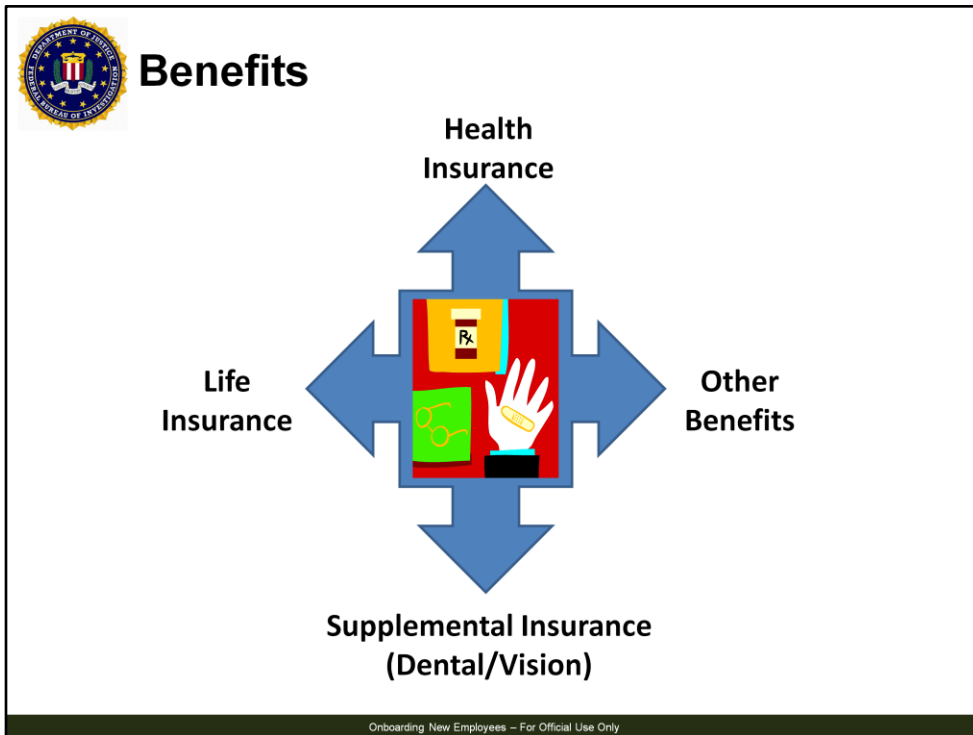
Resources:

- Guide to Federal Employees Health Benefits (FEHB) Handbook Online Version
- www.plansmartchoice.com
- www.opm.gov/insure

Onboarding New Employees – For Official Use Only

You may also want to have ready on your computer FEHB Handbook (<http://www.opm.gov/healthcare-insurance/healthcare/reference-materials/tabs/fehb-handbook/>) for available health plans. The FEHB handbook provides all of the different health insurance plans that the federal government offers. In addition, the FEHB handbook lists the prices for the different plans and also provides the code number for the plans. This code number will be used to complete the health insurance election form SF-2809. Keep the FEHB handbook open on your computer while you are researching plans and completing your forms. You can print the FEHB Handbook if you wish, but it is over 130 pages. A copy of the FEHB handbook will be provided at your onboarding. We recommend that you keep the FEHB Handbook open on your computer as a reference, but, do not print the entire document.

Another valuable resource in determining your benefits options is www.plansmartchoice.com. PlanSmartChoice is a resource to help narrow down the best health insurance plan for you based upon your individual or family needs.



Your Federal Benefits are made up of more than just health insurance, as a federal employee your benefits package can include supplemental dental and vision, life insurance and an assortment of other benefits.

The decisions you make with regard to these benefits should be carefully considered. Please take the time to use some of the resources covered in this tutorial to assist you in making your decisions.



Federal Employees' Health Benefits (FEHB)

Health Insurance Coverage Options are detailed in FEHB Handbook:

- Nationwide Fee-for-Service (PPO) pg 36
- Point-of-Service (HMO) pg 42
- High Deductible/Consumer-Driven pg 78

Federal Government Transferees keep current coverage

Health Insurance Coverage will be effective the next pay period after the Benefits Unit receives your paperwork

You can only change health insurance coverage during:

- Open Season (held in November/December every year)
- Qualifying Life Event (QLE), e.g. marriage, divorce, birth

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Are you under the age of 26?

If you are under the age of 26, you have the ability to stay on your parents health plan, but, check with their carrier to confirm. If you elect to leave your parents health plan and enroll in your own health insurance plan, please remember that you will not be covered under the federal plan until the Benefits Unit receives your Health Benefits Election form SF-2809. Your coverage will become effective the pay period following the benefits unit receipt of your election form. However, you will still need to submit the SF-2809 form indicating you do not want to enroll. (add link for the directions to fill out the form)

Are you a new FBI employee who is transferring from another federal government agency with no break in service? "Yes" or "No."

If "yes," all of your current coverage's (health, dental/vision, and life insurance) will remain the same. You do not have the option to make changes to your elections at this time. Please ensure you have submitted the form FD-173 in the payroll segment to assist the Benefits Unit with the transfer of your information. You can make changes to your health and dental/vision elections during the next open season (in Nov/Dec) or if you have a Qualifying Life Event (QLE). To view QLEs, please see the FEHB handbook (<http://www.opm.gov/healthcare-insurance/healthcare/reference-materials/tabs/fehb-handbook/>). In addition, if you had dental and/or vision coverage, please contact Benefeds (www.benefeds.com) to inform them of your change in agency.

If "no," you will need to complete the benefits paperwork. Again, keep in mind that you have 60 days to make a decision. Please use the resources at www.plansmartchoice.com and www.opm.gov/insure to help with your decisions. The election you make is going to carry you through the calendar year. However, if you have a Qualifying Life Event (QLE), you will have the opportunity to make a change outside of the open season (Nov/Dec). To view QLEs, please see FEHB handbook (<http://www.opm.gov/healthcare-insurance/healthcare/reference-materials/tabs/fehb-handbook/>)



Plan Smart Choice



**Need Help Choosing a Health Plan?
You're in Luck!**

Go to www.PlanSmartChoice.com.

Plus

Selecting a health plan is an important—and expensive—decision. There's no reason to be stressed. PlanSmartChoice makes the choice sure and simple. In just minutes, the online suite of tools helps you:

- **LEARN** which medical plan best meets your personal needs.
- **UNDERSTAND** your total costs and how to reduce them with an FSA or HSA.
- **COMPARE** details of your medical, dental, and vision plan options.
- **KNOW** which medical plans have earned the PlanSmartChoice Plus rating.

It's not just LUCK. It's PlanSmartChoice. And, it's **FREE!**

Selecting a Health Plan... Made Sure and Simple for All Federal Employees and Annuitants.

Go to PlanSmartChoice.com.

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There are a lot of federal health insurance plans and options available to you, so, take your time. Do you want an HMO, a PPO, a National Fee-For-Service plan? The resources listed will help you to learn about the different types of plans to make the best decision for you. In addition to the online information already mentioned, you will have an opportunity to meet with one of our Federal Account Managers during your onboarding session at the Benefits 101 session. He/She will break down the federal plan and hopefully answer any remaining questions you may have. Be proactive and come to our Benefits 101 session with your questions.

A Health Benefits Informational Fair is also provided for you during your onboarding. Several of the major carriers that are listed in the FEHB Handbook participate in the Health Benefits Informational Fair. This is an opportunity for you to ask specific questions about their plans. Please come prepared by doing your research ahead of time on www.plansmartchoice.com and www.opm.gov/insure. This information is helpful for the SF-2809, not the other five benefits forms.

So, if you are ready – lets begin completing the forms.

Federal Employees' Dental & Vision Insurance (FEDVIP)

To enroll: www.benefeds.com or call (877-888-3337)

BENEFEDS

Official Enrollment Website for the Federal Employees Dental and Vision Insurance Program (FEDVIP)

Register & Enroll

If you have not registered with BENEFEDS yet, click below to complete a one-time BENEFEDS registration. Once complete, you can enroll in a FEDVIP dental plan and/or a FEDVIP vision plan.

Register & Enroll

BENEFEDS Login

If you're already registered or enrolled, login here to access your account.

User ID: [Forgot User ID?](#)

Password: [Forgot Password?](#)

Login

I Want To...

- Get Answers to Frequently Asked Questions (FAQs)
- Read All About the FEDVIP
- View 2012 FEDVIP Plans and Rates
- Learn About Retirement and My FEDVIP Plan(s)
- Add BENEFEDS to My Safe Sender List

Useful Tools & Information

- Where do I start on the BENEFEDS website?
- Review This Checklist Before Enrolling
- PlanSmartChoice™
- Online health plan selection tools that are free to Federal employees and non-Medicare eligible retirees, including dental and vision plan options.
- Use the U.S. Office of Personnel Management's OPM Plan Comparison Tool
- Authorization for Disclosure of Information

Learn About Other Federal Benefits

- Federal Long Term Care Insurance Program (FLTCIP)
- Federal Flexible Spending Account Program (FSAFEDS)
- Federal Employees Health Benefits Program (FEHB)
- Federal Employees' Group Life Insurance Program (FEGLI)

Home | Research Plans & Rates | Contact BENEFEDS | Help | Privacy Information | OPM's Insured Lists

A New Day for the best days

USA.gov

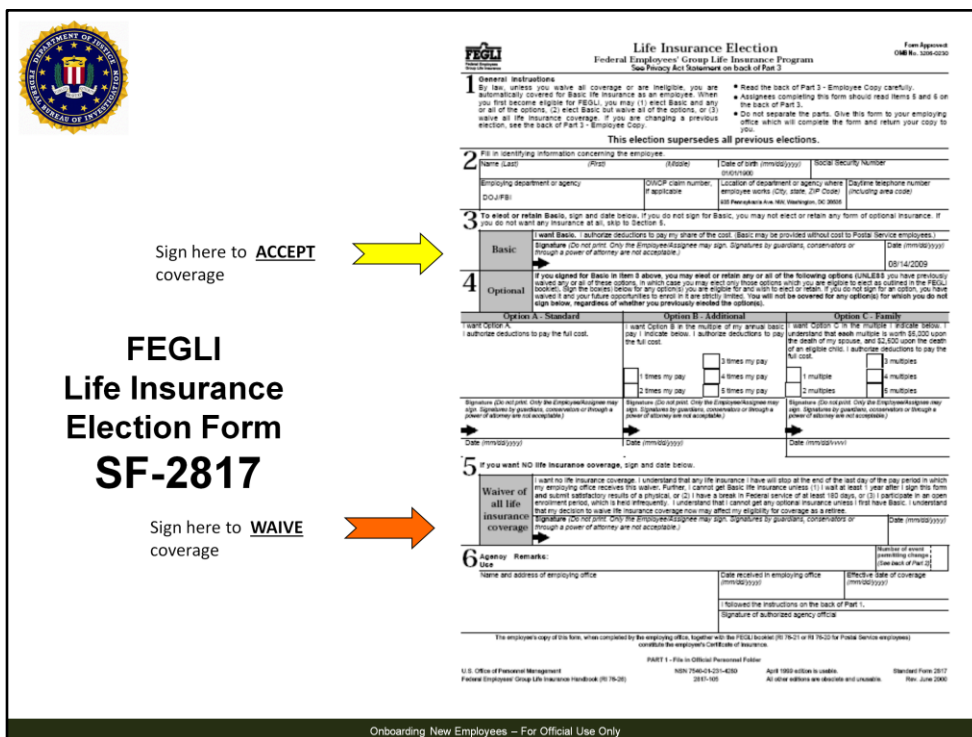
Onboarding New Employees – For Official Use Only

As a supplement to your health insurance options, you can choose to elect dental and/or vision coverage. Enrollment in these plans does not require that you be enrolled in a federal health plan. You can elect this as a stand-alone option or in addition to health coverage.

Information on these plans can be found in your FEHB handbook.

Just like the health insurance elections, you have 60 days to make a decision on dental and vision coverage.

Enrollment in this supplemental plan is done online at www.benefeds.com or by calling them directly.



Life Insurance Election
Federal Employees' Group Life Insurance Program
See Policy Act Attachment on back of Part 3

General Instructions
By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) elect Basic and any or all of the options, (2) elect Basic but waive all of the options, or (3) waive all the insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

1 This election supersedes all previous elections.

2 Fill in identifying information concerning the employee.
Name (Last, First, Middle Initial) _____
Employing department or agency _____
DOJ/FBI _____
Date of birth (mm/dd/yyyy) _____
Social Security Number _____
Location of employment or agency where employee works (City, State, ZIP Code) _____
Employee's home telephone number (including area code) _____
Cell phone number (including area code) _____

3 To elect or retain Basic, sign and date below. If you do not sign for Basic, you may not elect or retain any form of optional insurance. If you do not want any insurance at all, skip to Section 5.
I want Basic. I authorize deductions to pay my share of the cost. Basic may be provided without cost to Postal Service employees.
Signature (Do not print. Only the employee/employee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) _____ Date (mm/dd/yyyy) 09/14/2009

4 If you signed for Basic in item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any or all of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI booklet, or if all the covered options for any category are not eligible for and you do not want to elect or retain Basic, you do not sign below, regardless of whether you previously needed the options).
Option A - Standard: I want Option A in the multiple of my annual basic pay. I indicate below: 1 authorize deductions to pay the full cost. 2 times my pay 3 times my pay 4 times my pay 5 times my pay
Option B - Additional: I want Option B in the multiple of my annual basic pay. I indicate below: 1 authorize deductions to pay the full cost. 2 times my pay 3 times my pay 4 times my pay 5 times my pay
Option C - Family: I want "COBERT" or "C" the multiple of my annual basic pay. I indicate below: 1 authorize deductions to pay the full cost. 2 times my pay 3 times my pay 4 times my pay 5 times my pay
Signatures (Do not print. Only the employee/employee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) _____ Date (mm/dd/yyyy) _____

5 If you want NO life insurance coverage, sign and date below.
I want no life insurance coverage. I understand that any life insurance I have will end at the end of the next day of the pay period in which I am terminating my employment. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory results of a physical, or (2) I have a break in Federal service of at least 180 days, or (3) I participate in an open enrollment period, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive the insurance coverage now may affect my eligibility for coverage as a retiree.
Signature (Do not print. Only the employee/employee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) _____ Date (mm/dd/yyyy) _____

6 Agency Use
Name and address of employing office _____
Date received in employing office (mm/dd/yyyy) _____
Effective date of coverage (mm/dd/yyyy) _____
Signature of authorized agency official _____
I followed the instructions on the back of Part 1.
The employee's copy of this form, when completed by the employing office, together with the FEGLI booklet (SF 76-21) or SF 76-22 for Postal Service employees, constitutes the employee's Certificate of Insurance.

PART 1 - Fill in Official Personnel Folder
U.S. Office of Personnel Management: NOMB 7546-2-210-4530 April 1980 edition is obsolete. Standard Form 2817 100-100 All other editions are obsolete and unusable. Jan. June 2008

Onboarding New Employees - For Official Use Only

FEGLI Life Insurance Election Form SF-2817

Sign here to **ACCEPT**
coverage

Sign here to **WAIVE**
coverage

Life Insurance Election for the Federal Employees' Group Life Insurance (FEGLI) Program

Unlike health insurance, you are automatically covered under life insurance which is effective the day you EOD'd.

The benefit that is paid to your beneficiary in the event of your death is your annual salary plus \$2,000 rounded up to the next \$1,000. This benefit costs you \$.15 biweekly per \$1,000.

Keep in mind that you are getting this coverage no matter what your current health situation – no questions asked. If you decide to waive coverage, there is no annual open season like health insurance coverage and there is no qualifying life event that will allow you to add the coverage if you waived it initially. Transferees you will keep your same coverage, so if you waived at your previous agency, you are not able to add this coverage at this time.

FEGLI does have open seasons, but they are rare – the last one was in 2004 and we have no way of knowing when the next one will be.

There are several other options that you can elect to add if the basic coverage is not enough for your personal situation. In order to determine how much these options will cost you biweekly, you will have to use the FEGLI calculator located on the OPM website (www.opm.gov/calculator/worksheet.asp). The biweekly premium is going to be based on your salary, the options you choose, and your age.

The optional coverages you can add are:

Option A – an additional \$10,000 worth of coverage on top of your basic salary

Option B – multiples of your salary (up to 5 multiples)

Option C – is family coverage which pays out a benefit to you in the event of the death of your spouse or children under age 22

Again, the only way to know how much these options will cost you is to use the **FEGLI calculator**. (www.opm.gov/calculator/worksheet.asp)

If you are signing up for the basic option, you do not need to turn in the SF-2817 form because you are automatically covered. However, if you are electing any of the options, you must sign for the basic in addition to the options you choose.

You have 60 days to make a decision and keep in mind that you can always decrease coverage's at anytime.



Designation of Beneficiaries

Designation of Beneficiaries

What you will need:

- Information about your Beneficiaries
 - Full Name
 - SSN
 - Address
 - Relationship

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The designation of beneficiary forms will help the Benefits Unit know who and what percentage of your benefit you want distributed.

Completion of the three Designation of Beneficiary Forms is **not** mandatory. If you would prefer to go with the order or precedence (next page) you do not need to submit the three forms.



Order of Precedence

Order of Precedence:

- Widow or widower
- Child or children equally, and descendants of deceased children
- Parents equally or to the surviving parent
- Appointed executor or administrator of your estate
- Next of kin who is entitled to your estate under the laws of the state in which you resided at the time of your death

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Order of Precedence:

- Widow or widower
- Child or children equally, and descendants of deceased children
- Parents equally or to the surviving parent
- Appointed executor or administrator of your estate
- Next of kin who is entitled to your estate under the laws of the state in which you resided at the time of your death



Designation of Beneficiaries Example

ROSA L. ROWE 444-44-4444 Whiting, IN 46392 Mother one-half

3. How to designate a contingent beneficiary *(Someone to receive the benefits if the person you designate dies before the Insured dies)*

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
John M. Parrish, if living	333-33-3333	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	444-44-4444	810 West 180th Street New York, NY 10033	Sister	100%

4. How to designate different beneficiaries for Basic and Optional You cannot designate Option C - Family.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Leroy D. White	555-55-5555	124 Elm Street Dayton, OH 45420	Father	100% Basic
Jane M. Smith	666-66-6666	421 Spring Avenue Portland, ME 04101	Sister	100% Option A
Elizabeth J. Allen	777-77-7777	234 Fifth Avenue New York, NY 10029	Daughter	50% Option B
Ann J. Borden	888-88-8888	678 Ninth Street Philadelphia, PA 19123	Daughter	50% Option B

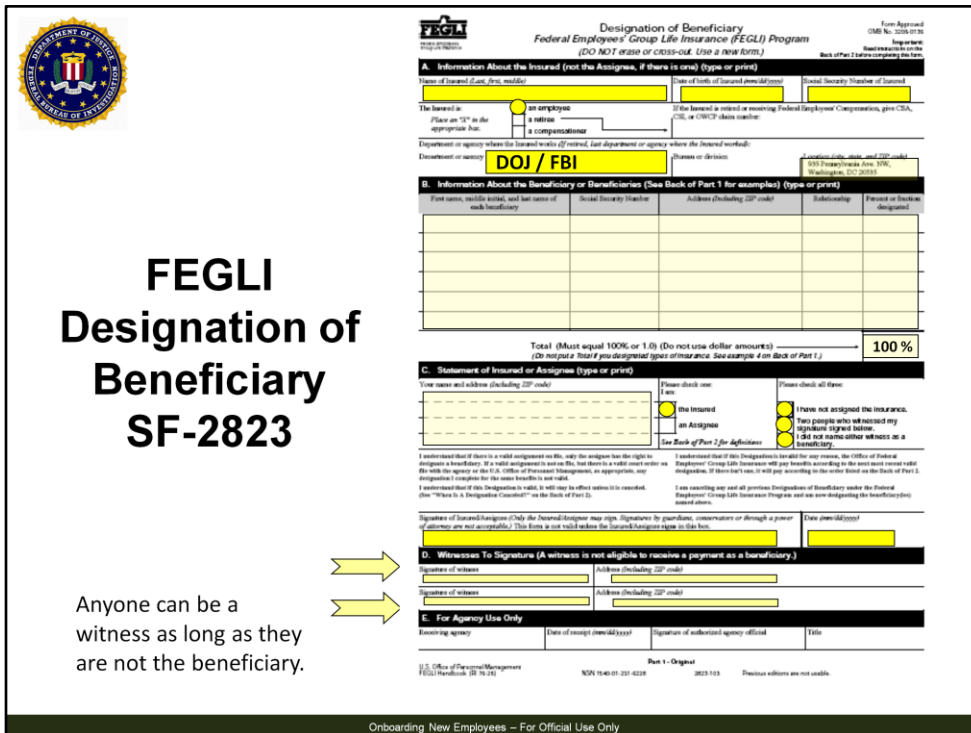
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If you do not want to use “Order of Precedence” as your designation of beneficiaries, please follow the example on this slide and the following information.

Important Information about the Designation of Beneficiary forms:

1. The information on the forms is in effect until you submit an updated form
2. The forms need to be witnessed twice (anyone, other than the designated beneficiary, can witness the forms)
3. Your designations must equal 100% and if you are listing a contingent beneficiary you **must** include the wording “if living” and “otherwise to”
4. Your forms must be legible with no alterations or corrections. If you have made a mistake, you will need a new form.
5. We recommend that you update your beneficiary forms with every qualifying life event, or, if you cannot remember who you have designated. To view QLEs, please see the FEHB handbook.

If you are ready to complete the Designation of Beneficiary Forms...let's begin.



FEGLI Designation of Beneficiary SF-2823

Anyone can be a witness as long as they are not the beneficiary.

Section A: Information About the Insured (not the Assignee, if there is one) (type or print)

Name of Insured (Last, first, middle): [Redacted]
 Date of birth of Insured (month/year): [Redacted]
 Social Security Number of Insured: [Redacted]

The Insured is: ☒ an employee ☐ a retiree ☐ a compensated consultant
 (Place an "X" in the appropriate box.)
 Department or agency where the Insured works (if retired, last department or agency where the Insured worked): **DOJ / FBI**
 Division or division: [Redacted]
 Location (city, state, and ZIP code): **20535**

Section B: Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (including ZIP code)	Relationship	Percent or fraction designated

Total (Must equal 100% or 1.0) (Do not use dollar amounts): **100 %**

Section C: Statement of Insured or Assignee (type or print)

Your name and address (including ZIP code): [Redacted]
 Please check one box: ☒ I am the Insured ☐ I am the Assignee
 Please check all that apply: ☐ I have not assigned the insurance. ☐ I have assigned the insurance. ☐ I have assigned the insurance to two people who witnessed my signature signed below. ☐ I did not name either witness as a beneficiary.

I understand that if there is a valid assignment on this, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid assignment on file with the agency or the U.S. Office of Personnel Management, as appropriate, any assignment completed for the same beneficiary is not valid.
 I understand that if this Designation is valid, it will stay in effect unless it is rescinded after "When is a Designation Considered?" on the Back of Part 1.
 I am naming my and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program, and am now designating the beneficiary(ies) named above.

Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures by guardian, conservator or through a power of attorney are not acceptable.) This form is not valid unless the Insured/Assignee signs in this box: [Redacted]
 Date (mm/dd/yyyy): [Redacted]

Section D: Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)

Signature of witness: [Redacted] Address (including ZIP code): [Redacted]
 Signature of witness: [Redacted] Address (including ZIP code): [Redacted]

Section E: For Agency Use Only

Receiving agency: [Redacted] Date of receipt (mm/dd/yyyy): [Redacted] Signature of authorized agency official: [Redacted] Title: [Redacted]

U.S. Office of Personnel Management
 FEGLI Handbook (10-76-10) NOV 16-01-231-0228 2023-101 Previous editions are not valid.

Onboarding New Employees – For Official Use Only

SF-2823 Designation of Beneficiary Federal Employees' Group Life Insurance (FEGLI) Program

The FEGLI Designation of Beneficiary form determines who receives your life insurance.

Section A:

1. Name, DOB, SSN, check the block for "an employee"
2. Department or Agency: DOJ
3. Bureau or Division: FBI
4. Location: Washington, DC (every FBI employee puts Washington, DC)

Section B:


1. Your designations must equal 100% and if you are listing a contingent beneficiary you must include the wording "if living" and "otherwise to"
2. Your forms must be legible with no alterations or corrections. If you have made a mistake, you will need a new form.

Section C:

1. Provide your mailing address and check the box for "Insured"
2. Check all three boxes – *not assigned, two people witnessed and did not name either witness as a beneficiary*
3. Sign and Date

Section D:

1. Obtain your two witnesses – anyone can be a witness as long as they are not the beneficiary
2. Congratulations, you have completed SF-2823. Please continue to the next form.



Designation of Beneficiary

Federal Employees Retirement System

SF-3102

Form Approved
OMB No. 3206-0173

Important:
Check all boxes before
filling in this form

Anyone can be a witness as long as they are not the beneficiary.

A. Identification

Name (Last, first, middle) _____ Date of birth (Month, day, year) _____ Social Security Number _____

Place an "X" in the appropriate box: ☒ An employee ☐ Retired or an applicant for retirement ☐ Former employee eligible for retirement in the future

Department or agency in which presently employed or former department or agency: Location (City, state and ZIP code)

Department or agency: **DOJ / FBI** 1515 Truman Plaza Ave NW, Washington, DC 20540

I, the individual identified above, designate the beneficiary or beneficiaries named below to receive any long-term benefits which may become payable under the Federal Employees Retirement System (FERS) after my death. I understand that this designation of beneficiary is also for any long-term benefits which may become payable under the Civil Service Retirement System (CSRS) after my death. I understand that this designation of beneficiary cancels any previous FERS or CSRS designation of beneficiary, and that it remains in effect until I cancel it in writing or I receive payment of my employee deductions for FERS (and CSRS, if applicable).

I assert, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason, shall be distributed equally among the stated beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a long-term payment becomes payable, this designation is void, and payment will be made according to the order of precedence set by law.

B. Information Concerning The Beneficiary(ies): (See Example of Designations):

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary

Date of designation (Month, day, year) _____ Your signature _____ Total = 100% _____

C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness _____ Position and Street _____ City, state and ZIP code _____

Signature of witness _____ Position and Street _____ City, state and ZIP code _____

Receiving agency certification

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received _____ Signature _____ Date _____

Type or print your return address to insure return of _____

See Back of Employee Copy For Instructions On Where To File This Form. (Please send employee copies to Federal Service and then send to OPM)

U.S. Office of Personnel Management 5 CFR 940
BSR 1160-01-246-9032
Part 1 - Original
3102-102
Previous editions are obsolete
Standard Form 3102 Revised June 2000

Onboarding New Employees - For Official Use Only

SF-3102 Designation of Beneficiary Federal Employees Retirement System (FERS)

Section A:

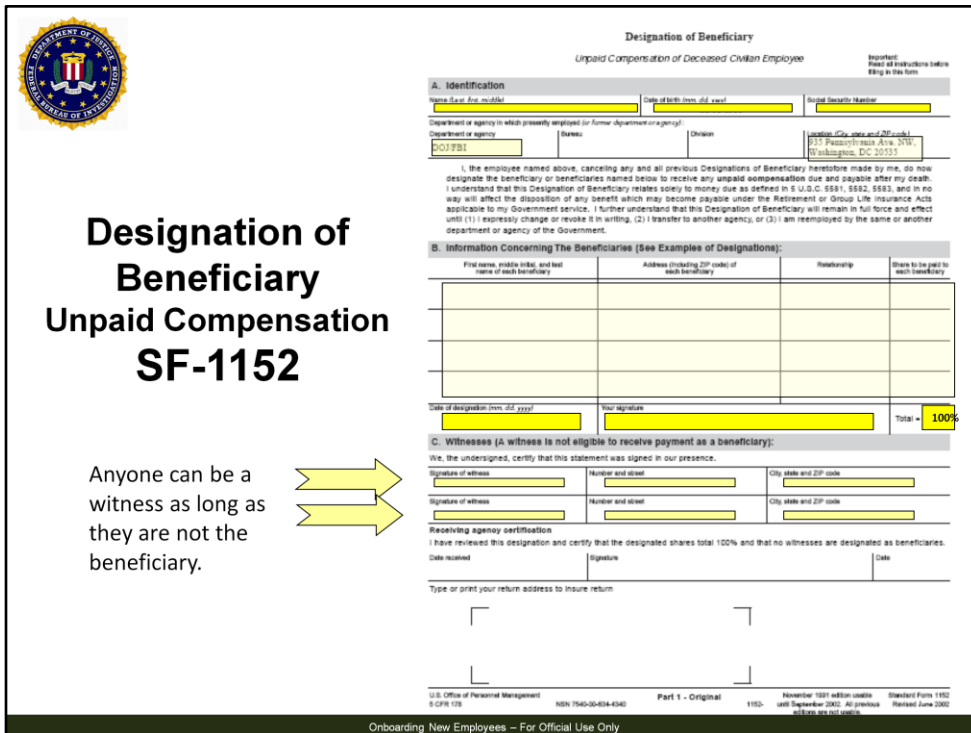
1. Name, DOB, SSN, check the block for “an employee”
2. Department or Agency: DOJ
3. Bureau: FBI
4. Division: Where you will be working
5. Location: Washington, DC (every FBI employee puts Washington, DC)

Section B:

1. Your designations must equal 100% and if you are listing a contingent beneficiary you must include the wording “if living” and “otherwise to”
2. Your forms must be legible with no alterations or corrections. If you have made a mistake, you will need a new form.

Section C:

1. Obtain your two witnesses – anyone can be a witness as long as they are not the beneficiary
2. “Receiving Agency Certification” - Leave Blank
3. Type or print your return address in the bottom box
4. Congratulations, you have completed SF-3102. Please continue to the next form.



Designation of Beneficiary
Unpaid Compensation of Deceased Civilian Employee

A. Identification

Name (Last, first, middle) Date of birth (mm, dd, yyyy) Social Security Number

Department or agency in which presently employed (or former department or agency) Bureau Division Location (City, state and ZIP code)

B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of designation (mm, dd, yyyy) Your signature Total = **100%**

C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness Number and street City, state and ZIP code

Signature of witness Number and street City, state and ZIP code

Receiving agency certification

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received Signature Date

Type or print your return address to insure return

U.S. Office of Personnel Management NPS 7540-00-034-0340 Part 1 - Original 1152 November 1981 edition obsolete until September 2002. All previous editions are obsolete. Standard Form 1152 Revised June 2002

Onboarding New Employees - For Official Use Only

SF-1152 Designation of Beneficiary Unpaid Compensation of Deceased Civilian Employee

The Unpaid Compensation Designation determines who receives any annual/sick leave, time off awards, and/or pay that has not been paid to you prior to your death.

Section A:


1. Name, DOB, and SSN
2. Department or Agency: DOJ
3. Bureau: FBI
4. Division: Where you will be working
5. Location: Washington, DC (every FBI employee puts Washington, DC)

Section B:

1. Your designations must equal 100% and if you are listing a contingent beneficiary you must include the wording "if living" and "otherwise to"
2. Your forms must be legible with no alterations or corrections. If you have made a mistake, you will need a new form.

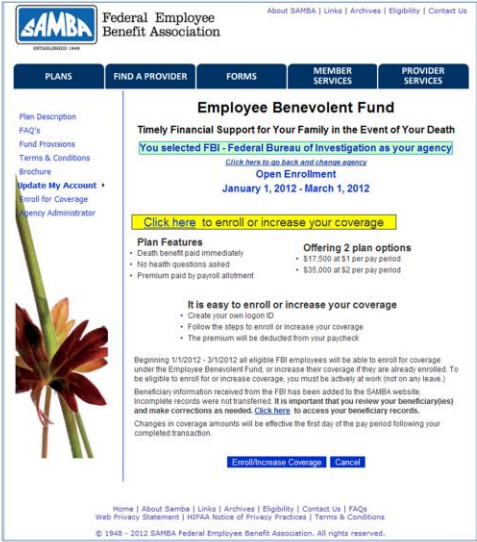
Section C:

1. Obtain your two witnesses – anyone can be a witness as long as they are not the beneficiary
2. "Receiving Agency Certification" - Leave Blank
3. Type or print your return address in the bottom box
4. Congratulations, you have completed SF-1152. Please continue to the next form.



Employee Benevolent Fund (FD-863)


Enroll at www.sambaplans.com



Onboarding New Employees – For Official Use Only

The Employee Benevolent Fund is open to all FBI employees. Funds are dispersed within three business days of your death, either \$17,500 or \$35,000 to your beneficiaries. The cost is \$1 per pay period for the \$17,500 coverage or \$2 per pay period for the \$35,000 coverage.

Enrollment and designation of beneficiary is completed online at Samba Plans (www.sambaplans.com). The Employee Benevolent Fund forms are not turned in to the Benefits Unit...only online at www.sambaplans.com. This is in lieu of form FD-863.



FD-253 (Rev. 10-7-02)

Application Renewal of Membership and Designation of Beneficiary
Special Agents Insurance Fund
Charles S. Ross Fund

The purpose of the Special Agents Insurance Fund is to provide immediate funds to the designated beneficiary(ies) of any active Special Agent who is a member of the Fund and who dies from any cause. (Payment will be made for death by self-destruction after the Agent has been a member of the Fund for a continuous period of two years.) Upon the death of any Special Agent who is a member of said Fund, the Fund will pay to the designated beneficiary(ies) the sum of \$30,000. The liability of the Fund shall not under any circumstances exceed the amount of monies in the Fund at the time any liability shall occur. When minor children are designated as beneficiaries, payment may be delayed until a legal guardian is appointed. All administrative and operational matters pertaining to the Fund are pursuant to the Bylaws of the Special Agents Insurance Fund (see MAOP, Part 1, Section 16-12.1).

☐ I elect to enroll in the Special Agents Insurance Fund and enclose the sum of \$30.00 membership which provides a death benefit in the amount of \$30,000. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said Fund.

☐ I decline membership in the Special Agents Fund. However, I have listed any beneficiary(ies) for the Charles S. Ross Fund below:

Official Bureau Name (type or print) _____ Sec. No. _____ Office or Division _____

SA _____ DOJ / FBI

Special Agents Insurance Fund

The following person(s) is designated as my beneficiary(ies) under the Special Agents Insurance Fund:

Primary Beneficiary Name (use given first name if female) _____	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parent <input type="checkbox"/> Other
Address (if different than Agent) _____	
Contingent Beneficiary Name (use given first name if female) _____	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parent <input type="checkbox"/> Other
Address (if different than Agent) _____	

Charles S. Ross Fund

Do you desire to designate the above listed beneficiary as the primary beneficiary and contingent beneficiary respectively for the Charles S. Ross Fund? ☒ Yes ☐ No. If "No," the entire following portion must be executed.

The following person(s) is/are designated as my beneficiary(ies) under the Charles S. Ross Fund should I be killed in the line of duty.

Primary Beneficiary Name (use given first name if female) _____	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parent <input type="checkbox"/> Other
Address (if different than Agent) _____	
Contingent Beneficiary Name (use given first name if female) _____	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parent <input type="checkbox"/> Other
Address (if different than Agent) _____	

Date

Signature

Onboarding New Employees – For Official Use Only

**FD-253,
SAIF/Charles S.
Ross Fund
(Agents Only)**

**Already onboard FBI
employees going into the New
Agent Position must fill this
out.**

Are you a new FBI Professional Staff employee or are you a New Special Agent Trainee?

Professional Staff:

Congratulations, you have completed all of the benefits paperwork. Please continue to the retirement segment.

New Special Agent Trainee:

As a new Special Agent Trainee, you have additional life insurance available to you. The two additional insurance plans are called the Special Agents Insurance Fund and the Charles S. Ross Fund. The form you will need to complete is the FD-253 Designation of Beneficiary Special Agents Insurance Fund and Charles S. Ross Fund

The Special Agent Insurance Fund provides immediate funds to the designated beneficiary of any active Special Agent who is a member of the fund and who dies from any cause. This fund pays a \$30,000 benefit within 48 hours of your death. There is a \$20 initial assessment with periodic assessments of the same to replenish the fund as needed. The \$20.00 is deducted from your first paycheck.

The Charles S. Ross Fund provides a benefit to the designated beneficiary upon the death of an active Special Agent should he/she be killed in the line of duty. There is no fee for this fund.

Important information about these two life insurance options:

1. You have 60 days from your Entry on Duty (EOD) to enroll.
2. If you chose to decline these life insurance benefit plans – you will NEVER be given an opportunity to enroll again.
3. Qualifying Life Events (QLE) do not apply to these two plans and there is no open season.

Completing the FD-253 form:

1. Check the box to enroll.
2. Complete – Official Bureau Name, SSN, Office/Division. Put DOJ/FBI for Office/Division.
3. Complete the section for Beneficiary information
4. Check the box for “yes” or “no” about beneficiary information for the Charles S. Ross Fund.
5. If you mark “no,” please complete that section with the correct beneficiary information and then sign and date the form.
6. If you mark “yes,” please sign and date the form.
7. Congratulations, you have completed the FD-253. Please continue to the retirement segment.



Benefits and Beneficiaries

**You have completed all of the Benefits and
Beneficiary Designation forms**

**Please continue to the
Retirements segment**

Onboarding New Employees – For Official Use Only

Congratulations, this completes the Benefits segment. The next, and last, segment is the Retirement paperwork.



Retirement

Retirement Forms

What you will need:

- Onboarding Forms Checklist
- Retirement Forms
- Information about your Beneficiaries (Full Name, SSN, Address, Relationship)

Resources:

- Federal Employees Retirement System (FERS) Overview – Online Version
- Thrift Savings Plan (TSP) Summary – Online Version

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If you are ready – lets begin.



TSP 1 - TSP Election Form (optional)

THRIFT SAVINGS PLAN ELECTION FORM TSP-1

Use this form to start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP).

Before completing this form, please read the Summary of the Thrift Savings Plan and the instructions on the back of this form. Type or print all information. **Return the completed form to your agency personnel or benefits office.** Your agency should return a copy to you after completing Section V.

Note: To choose your investment funds, see the instructions in the General Information section on the back of this form.

I. INFORMATION ABOUT YOU

1. (First) (Middle) (Last)

2. Street Address City State Zip Code

3. (Telephone) (Area Code and Number)

4. (Supervisory Phone) (Area Code and Number)

5. Office Identification (Agency and Organization)

II. CHOOSE THE AMOUNT OF YOUR CONTRIBUTIONS

Your choice will cancel all previous elections.

To start or change the amount of traditional (pre-tax) or Roth (after-tax) contributions to your TSP account, enter either a whole percentage of your basic pay per pay period or a whole dollar amount per pay period for each type of contribution you elect. (You may choose a percentage for one type of contribution and a dollar amount for the other type of contribution.) **Remember:** A blank line next to a type of contribution equals 0% or \$0 contributed.

6. Traditional (Pre-Tax) Contributions 0% **OR** \$ 00

7. Roth (After-Tax) Contributions 0% **OR** \$ 00

III. STOP SOME OR ALL OF YOUR CONTRIBUTIONS

To stop all or any portion of your contributions to the TSP, check the box in item 10 that applies and complete Section VI. Your payroll contributions will stop no later than the first full pay period after your agency employing official receives this form. If you are a Federal Employees' Retirement System (FERS) employee, and you stop your contributions, your Agency Matching Contributions will stop, too. Agency Automatic (1%) Contributions will continue. Read the instructions on the back.

10. ☐ I choose not to save for my retirement. Please stop all my payroll contributions to my TSP account.
☐ Stop only my traditional (pre-tax) payroll contributions to my TSP account.
☐ Stop only my Roth (after-tax) payroll contributions to my TSP account.

If you are a newly hired (or rehired) employee, you can generally stop your automatic employee contributions before they start if you submit this form to your agency before the end of your first full pay period. (See note on back.)

IV. SIGNATURE

11. Participant's Signature Date Signed (mm/dd/yyyy)

V. FOR EMPLOYING OFFICE USE ONLY

13. Payroll Office Number Receipt Date (mm/dd/yyyy) Effective Date (mm/dd/yyyy)

16. Signature of Agency Official

PRIVACY ACT NOTICE: We are authorized to request the information you provide on this form under 5 U.S.C. chapter 55, Federal Employees' Retirement System, and 5 U.S.C. chapter 57, Federal Employees' Retirement System, and 5 U.S.C. chapter 58, Federal Employees' Retirement System. The information you provide on this form will be used to process your TSP election and to provide you with information about your TSP account. The information you provide on this form will be shared with other Federal agencies for statistical, auditing, or enforcing purposes. The information you provide on this form will be shared with law enforcement agencies investigating a violation of civil or criminal law or agencies implementing a security risk or background check.

ORIGINAL TO PERSONNEL FOLDER
Provide a copy to the employee and to the payroll office.

From TSP-1 (08/2012)
PREVIOUS EDITIONS OBSOLETE

Onboarding New Employees - For Official Use Only

In preparation for completing the TSP-1, the Election of Retirement Contribution Form, please open the Thrift Savings Plan (TSP) Summary Brochure located on www.tsp.gov on your computer. Please review your TSP Summary Brochure for a description of how the Traditional and Roth TSP differ and the various funds to which you can contribute. Additionally, you can browse the TSP website (www.tsp.gov) for more in-depth information. You will observe that the FBI matches your contributions in the Traditional TSP from 1% to 5%. You can determine what percentage, or dollar amount, you want to contribute to your TSP. Once enrolled, you have the ability to adjust or stop your contributions at anytime. Upon hire, you are automatically enrolled at a 3% contribution in the Traditional plan.

Do you want to keep your enrollment at 3%? "Yes" or "No."

If "yes," you do not need to complete the TSP-1 form, however we do like to have these forms on file. You may continue to the next form.

If "no," you will need to complete the TSP-1 form.

Section I:

1. Name
2. Address
3. SSN
4. Phone Number
5. Write DOJ/FBI

Section II:

6. Traditional (pre-tax) Contribution. The traditional contributions will come out of your pay before income taxes are calculated; you pay income taxes on these contributions and their earnings when you withdraw them. The FBI matches your contribution with the a traditional contribution.
7. If you would like this option. Please make your election in either percentage or dollar value.
8. Roth (After Tax) Contribution. Roth contributions are made from your pay after taxes, and the earnings grow in your account tax-deferred. Withdrawals of Roth contributions are tax-free. The FBI does match Roth Contributions, however the matching funds will be deposited in the traditional (non-Roth) account.
9. If you would like this option. Please make your election in either percentage or dollar value.
10. You have the option of choosing both a Traditional and Roth Contribution. One needs to be completed as a percentage and the other as a dollar value. Combined, both contributions can not exceed the annual limit for contributions.

Section III:

If you do not want to enroll in the TSP, please complete Section III.

Section IV:

1. Sign and Date.
2. Congratulations, you have completed the TSP-1. Please continue to the next form.

Your TSP account number and login will be emailed to you within your first two weeks of employment.



Thrift Savings Plan Designation of Beneficiary TSP-3

The TSP-3 can be witnessed by anyone other than the beneficiary.

[illegible]

Onboarding New Employees – For Official Use Only

TSP-3 Thrift Savings Plan Designation of Beneficiary

This four page form allows you to name your beneficiary for your TSP account upon your death. You can use the Order of Precedence shown previously. Upon completion, you will mail or fax the TSP-3 form directly to TSP. You will need to wait until you receive your TSP account number (usually about two weeks after enrollment) before you can complete the TSP-3 Thrift Savings Plan Designation of Beneficiary form.

Do you wish to use the “order of precedence” for your TSP designation? “Yes” or “No”.

If “yes,” you do not need to complete the TSP-3. You have completed the Retirement segment. Please continue to the next slide.

If “no,” you will need to complete the TSP-3. Please keep in mind, there can be no alterations on the form and the writing must be legible. If you need to correct something, please use a new TSP-3 form.

Section I:

1. Check the box for "Civilian Account"
2. Name
3. TSP Account Number – you will receive this account number in the mail about two weeks after you submitted your TSP-1 form.
4. DOB & Phone Number

Section II:

Check this box if you want to cancel all previous beneficiaries. Since this is a new account for you, this block will probably be left blank.

Section III:

1. Sign & Date
2. Obtain two witnesses. The witnesses can be anyone other than the beneficiary. All four pages need to be signed and witnessed.
3. Mail or fax the form to TSP.
4. Congratulations, you have completed all of the forms for the Retirement segment. Please continue to the next slide.



Congratulations!

Congratulations!!!

**You have completed all
of the Human
Resources Paperwork.**

Onboarding New Employees – For Official Use Only

Important information about the forms:

Payroll:

1. All 12 payroll forms will be collected upon the day of your arrival at the ONE seminar
2. Bring all of the completed forms with you to your onboarding
3. Organize the forms in the order of the checklist
4. Ensure you have all of the necessary documentation with you (voided check, valid identification, SF-50, DD214, etc)
5. Make copies of the completed forms...should you desire a copy

Benefits:

1. You have 60 days to submit the benefits paperwork
2. If you are prepared to submit them at your onboarding, please have them organized in the order on the checklist
3. You will have an opportunity to submit the benefits forms on the day of your arrival and also on Tuesday & Wednesday of your onboarding week.

Retirement:

1. TSP-1 will be collected upon the day of your arrival at the ONE seminar and is listed on the forms checklist
2. TSP-3 you will mail directly to TSP upon receiving your account number

You are done!!!

The ONE Unit looks forward to meeting you at your ONE seminar.

Congratulations on your new job!